

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 11, 1987

ALL COUNTY LETTER NO. 8/-36

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STREAMLINED MONTHLY ELIGIBILITY REPORT (CA 7)  
IMPLEMENTATION (AFDC, FOOD STAMPS, RCA AND RDP)

REFERENCE: ALL COUNTY INFORMATION I-100-85  
ALL COUNTY INFORMATION I-34-86  
ALL COUNTY INFORMATION I-56-86  
ALL COUNTY INFORMATION I-03-87

As you know, July 1, 1987 is the statewide implementation date for the streamlined Monthly Eligibility Report (CA 7) form. To help you in preparing for the implementation date we are attaching a reproducible copy of the form. Providing the form now should allow you the necessary time for reproducing the form for your county's use on July 1, 1987. A reproducible copy of the Spanish translation will be provided to the counties by the first of April. A supply of the English and Spanish forms will be available in the SDSS warehouse by July 1987.

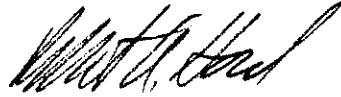
The new streamlined CA 7 is to be provided to intake cases beginning July 1, 1987. The new CA 7 is to be mailed to the continuing cases at the end of July for the July budget month.

We will be providing a recipient information notice that may be sent to the continuing cases along with the first streamlined CA 7 form in July 1987. We will also provide a slightly different version of this notice that may be used at intake and as a training tool. A reproducible copy of both information notices, in English and Spanish, will be provided to the counties by the middle of April.

In addition, we will provide a listing of what constitutes a complete CA 7 in both the AFDC (including RCA and RDP) and Food Stamp programs. As you know, during the pilot test we attempted to make the completeness criteria as uniform for both programs as possible. We will provide that completeness criteria for your use under separate cover.

SDSS is determining the feasibility of providing county training in the use of the form and the completeness criteria. You will be notified about the training at a later date.

If you have any questions regarding the streamlined CA 7, please contact Barbara Cox of the AFDC and Food Stamp Policy Implementation Bureau at 916-324-2014 or ATSS 454-2014.



ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

**MONTHLY ELIGIBILITY REPORT (CA 7)**

THIS REPORT IS FOR THE MONTH OF \_\_\_\_\_

**For Cash Aid and Food Stamp Benefits**

**Complete and return this report by the 5th of the month.** If a complete report is not received by the 11th, you will not get the Cash Aid work allowances and your benefits may be delayed, lowered, or stopped.

- Answer **ALL** of the questions. If you answer "YES" to any question or part of any question, read and complete the rest of the section. Attach a separate sheet of paper if needed.
- If you receive Food Stamps, answer for everyone in your household. If you do not receive Food Stamps, answer for everyone receiving Cash Aid, the children's parents, stepparents and your spouse if in the home.
- Reminder: If you get Food Stamps and you claim actual utility costs, **attach proof**.
- **Attach proof** of reported income and expenses or your benefits may be lowered or stopped.

Need Help? Call your worker.

Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

**1. Did anyone receive money from a job or a training program?**☐ YES ☐ NO

- If **YES**, list all earnings or training allowances received during the month. Include tips or income in kind such as earned housing. List who received income, employer, **gross amount** before deductions, **actual date received**, and the number of days and hours worked in the month. **Attach paystubs or other proof of earnings.**
- If self-employed, list business expenses on a separate sheet of paper and **attach proof** of income and expenses.

NAME	EMPLOYER	DAYS WORKED	HOURS WORKED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	EMPLOYER	DAYS WORKED	HOURS WORKED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	EMPLOYER	DAYS WORKED	HOURS WORKED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

- If anyone above paid for care of a child or disabled adult while working or in training, list here and **attach proof** of payment.

Who Received Care?	Cost \$	Who Received Care?	Cost \$

- If you get Cash Aid and anyone had earnings and paid court ordered support, list the amount paid. **Attach proof.** \$ \_\_\_\_\_

**2. Did anyone receive money or benefits from any other source?**☐ YES ☐ NO

Such as: Social Security, Railroad Retirement, Unemployment/Disability Benefits, Veterans Benefits, Interest from Stocks, Bonds, Savings Accounts, Worker's Compensation, SSI/SSP, Child/Spousal Support, Child Support Disregard, Loans, Grants, Earned Income Credit, Strike Benefits, Tax Refund, Cash, Lottery Winnings, Gifts, Rental Income, Free Housing, Utilities, Food, or Clothing, etc.

- If **YES**, list who received, source, **gross amount** and **actual date received**. **Attach proof** of any changes.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

- If you get Cash Aid and anyone had income and paid court ordered support, list the amount paid. **Attach proof.** \$ \_\_\_\_\_

COUNTY USE ONLY

E.W. INITIALS

DATE: \_\_\_\_\_

